REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)	THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET-ASIDE	PAGE 1 OF PAGES 1

1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
BBG45-13-Q-00758 #1	08/26/2013	1088-13-FQ-00758		

5a. ISSUED BY	6. DELIVER BY (Date)
BBG/OCB - Mary Amps	

5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY
NAME	TELEPHONE NUMBER		☒ FOB DESTINATION ☐ OTHER (See Schedule)
	AREA CODE	NUMBER	9. DESTINATION
Mary A Amps, email: mamps@bbg.gov	305	437-7031	a. NAME OF CONSIGNEE: BBG, Office of Cuba Broadcasting

8. TO:			
a. NAME: All Prospective Offerors	b. COMPANY		b. STREET ADDRESS: 4201 NW 77th Avenue
c. STREET ADDRESS			c. CITY: Miami
d. CITY	e. STATE	f. ZIP CODE	d. STATE: FL / e. ZIP CODE: 33166

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)

08/30/2013

IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.

11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	Amend this RFQ to change the test period from three (3) months to up to six (6) months. Change the date to receive quotes in block 10 to 8/30/2013. All responsible sources who submit a response by the due date in Block #10 will be considered by the Agency. Please submit responses to Contracting Officer, Mary Ann Amps via email at mamps@bbg.gov. All else remains the same.				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS: NUMBER	PERCENTAGE

NOTE: Additional provisions and representations ☐ are ☐ are not attached.

13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER				
b. STREET ADDRESS			16. SIGNER	
			a. NAME (Type or print)	b. TELEPHONE
c. COUNTY				AREA CODE
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER